

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

## ANNUAL REPORT OF THE GUARDIAN OF THE PERSON - ADULT

IN RE: Guardianship of \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

REPORTING PERIOD: \_\_\_\_\_

1. Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_
2. Ward Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Telephone \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Residence address, if different from above \_\_\_\_\_
3. Name of facility where ward resides \_\_\_\_\_  
Type of facility:      Private home      Group Home      Nursing Home  
                                 Institution      Other (specify) \_\_\_\_\_  
Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_
4. Describe the following:  
Supportive services being provided the ward \_\_\_\_\_  
\_\_\_\_\_  
Appropriateness of care and treatment \_\_\_\_\_  
\_\_\_\_\_
5. Describe physical health of ward \_\_\_\_\_  
Significant changes since last report \_\_\_\_\_  
Hospitalizations since last report \_\_\_\_\_  
Surgical procedures since last report \_\_\_\_\_  
Illnesses since last report \_\_\_\_\_
6. Describe mental health of ward \_\_\_\_\_  
Psychiatric treatments since last report \_\_\_\_\_
7. Has there been any change of living conditions of the ward since the last report?  
Yes      No      If yes, please explain. \_\_\_\_\_

In RE: Guardianship of: \_\_\_\_\_

8. Specify any proposed changes in the living situation of the ward. \_\_\_\_\_

\_\_\_\_\_

9. Specify guardian's plan for preserving and maintaining the well-being of the ward.

\_\_\_\_\_

10. Guardianship should be: Continued Terminated Altered

Specify facts supporting your recommendation and provide any other information that may assist the court to better assess the general welfare of the ward.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that I have sent a copy of this annual report to the ward.

Date: \_\_\_\_\_

Guardian Signature

Date: \_\_\_\_\_

Guardian Signature

THE STATE OF NEW HAMPSHIRE

\_\_\_\_\_ COUNTY DATE \_\_\_\_\_

Personally appeared the above-named guardian(s) and took oath that the foregoing statements made are true and accurate according to his/her/their best knowledge and belief. Before me,

My Commission Expires \_\_\_\_\_

Affix Seal

Justice of the Peace/Notary Public

ORDER

☐ This report is approved.

☐ This report is disapproved.

Date: \_\_\_\_\_

Judge of Probate